

Procedure Code	Procedure Code Description	Rate
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30ML	\$12.39
S0108	MERCAPTOPURINE, ORAL, 50 MG	\$0.00
S0122	INJECTION, MENOTROPINS, 75 IU	\$0.00
S0126	INJECTION, FOLLITROPIN ALFA, 75 IU	\$0.00
S0128	INJECTION, FOLLITROPIN BETA, 75 IU	\$0.00
S0132	INJECTION, GANIRELIX ACETATE, 250 MCG	\$0.00
S0189	TESTOSTERONE PELLET, 75 MG	\$67.50
S0190	MITEPRISTONE, ORAL, 200 MG	\$81.00
S0195	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, INTRAMUSCULAR, FOR CHILDREN FROM FIVE YEARS TO NINE YEARS OF AGE	\$0.00
S0199	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL ASSOCIATED SERVICES AND SUPPLIES EXCE	\$81.00
S0390	ROUTINE FOOT CARE; REMOVAL AND/OR TRIMMING OF CORNS, CALLUSES AND/OR NAILS AND PREVENTIVE MAINTENANCE IN	\$22.08
S0580	POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	\$12.00
S1040	CRANIAL REMOLDING ORTHOSIS, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUS	\$0.00
S2405	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PERFORMED IN UTERO	\$0.00
S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD	\$0.00
S8096	PORTABLE PEAK FLOW METER	\$35.00
S8185	FLUTTER DEVICE	\$39.92
S8186	SWIVEL ADAPTOR	\$3.50
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	\$319.00
S8190	ELECTRONIC SPIROMETER(OR MICROSPIROMETER)	\$0.00
S8262	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE, EACH	\$0.00
S8265	HABERMAN FEEDER FOR CLEFT LIP/PLATE	\$0.00
S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	\$0.00
S9034	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY FOR GALL STONES (IF PERFORMED WITH ERCP USE 43265)	\$0.00
S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SER	\$0.00
S9355	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORD	\$0.00
S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G. IMIGLUCERASE); ADMINISTRATIVE SERVICES	\$0.00
S9359	HOME INFUSTION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUSE THERAPY; (E.G.INFLIXIMAB); ADMINISTRATIVE SERV	\$0.00
S9361	HOME INFUSION THERAPY,DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, C	\$0.00

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S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERV	\$0.00
S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN);ADMINISTRATIVE, PROFESSIONAL PHARMACY SERVICES, CARE CO	\$0.00
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN); ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROF PHARM	\$0.00
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN) ;MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER	\$0.00
S9367	HOME INFUSION THERAPY, TOTAL PARENTETAL NUTRITION(TPN); MORE THAN TWO LITERS BUT NO MORE THAN 3 LITERS PER DAY	\$0.00
S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN); MORE THAN 3 LITERS , ADMINISTRATIVE SERVICES, PROFESSO	\$0.00
S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY;ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVIC	\$0.00
S9372	HOME THERAPY;INTERMITTENT ANTICOAGULANT INJECTION THERAPY(E.G. HEPARIN); ADMINISTRATIVE SERVICES, PROFESSIONAL	\$0.00
S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATION SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDI	\$0.00
S9374	HOME INFUSTION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	\$0.00
S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRAT	\$0.00
S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMIN SE	\$0.00
S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONA	\$0.00